

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Accountable America, Inc.

(b) Address (number and street) ☐ check if different than previously reported

P.O. Box 21683

2. FEC Identification Number

C

(c) City, State and ZIP Code

Washington, DC 20009

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement ☒ New
or
☐ Amended

4. Covering Period 10 26 2009
through
10 31 2009

5. (a) Date of Public Distribution(s) 10 31 2009 (b) Communication Title So Far

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name

Thomas Matzie

(b) Address (number and street)

P.O. Box

(c) City, State and ZIP Code

Washington, DC 20009

(d) Name of Employer or Principal Place of Business

(e) Occupation

Accountable America, Inc.

Director

9. Total Donations This Statement

\$ 0 . 0 0

10. Total Disbursements/Obligations This Statement

\$ 1 0 2 1 0 . 0 0

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Thomas Matzie

SIGNATURE

DATE

10/31/2009

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV 12/2007)

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